

# LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D.

PROFESSOR OF SURGICAL PATHOLOGY AND OPERATIVE SURGERY IN THE UNIVERSITY OF LOUISVILLE.

AND

WILLIAM H. GALT, M. D.

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The next annual course of instruction in this Department (now in the forty-third year of its existence) will commence on Monday, the 12th day of November, 1877, and terminate on Saturday, the 9th day of March, 1878. Preliminary lectures on Clinical Medicine and Surgery will be delivered in the amphitheater of the Charity Hospital, beginning on the 20th of October, without any charge to students.

The means of teaching now at the command of the Faculty are unsurpassed in the United States. Special attention is called to the opportunities presented for **CLINICAL INSTRUCTION**.

The Act establishing the University of Louisiana gives the Professors of the Medical Department the use of the great Charity Hospital, as a school of practical instruction.

The Charity Hospital contains nearly 700 beds, and received during the last year nearly 6,000 patients. Its advantages for professional study are unsurpassed by any similar institution in this country. The medical, surgical, and obstetrical wards are visited by their respective professors in charge daily from 8 to 10 o'clock A. M., at which time all the students are expected to attend and familiarize themselves, *at the bedside of the patients*, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the hospital, on Clinical Medicine by Professors Bemiss, Elliott, and Joseph Jones, Surgery by Professors Richardson and Logan, Diseases of Women and Children by Professor Lewis, and Special Pathological Anatomy by Professor Chaille, will be delivered in the amphitheater on Monday, Wednesday, Thursday, and Saturday, from 10 to 12 o'clock A. M.

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# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. IV.

LOUISVILLE, JULY 21, 1877.

No. 3.

## THE HOMEOPATH AT OUR DOOR.

We print in the Miscellany the correspondence which lately took place between Drs. Richardson and Wyld, of London, representatives of the two schools of medicine, the regular and homeopathic. The correspondence appeared in the London Lancet, and is an interesting event in the history of medicine. Both of the gentlemen are representative men, and they make admissions of considerable importance. Dr. Wyld says that homeopathy is ready to give up its proscriptive dogma, that in fact its best men have already done so, declining the name of homeopath both upon their door-plates and upon the title pages of their books. He says that it was from *pique* more than any thing else that Hahnemann clung so tightly to the law of infinitesimals; that though the "law of similars" can be proved to exist to a certain extent in nature, it will not be insisted upon, and that homeopaths are anxious to get into the regular societies, etc.

Dr. Richardson is delighted with the letter, and thinks that it indicates the approach of a medical millennium. The London correspondent of the American Practitioner is of the same trusting nature, so also a writer in the British Medical Journal, but not so the two journals in question. The British Journal prescribes to the homeopathic petitioners a full diet of humble pie, after which it will listen to what they have to say. The Practitioner believes nothing in the passing gush.

The Philadelphia Times treats the homeopathic gentlemen to a homily upon the laws of nature, which that amiable sheet de-

clares are as everlasting and unchangeable as the United States Dispensatory or the Pharmacopœia of the same nation. Surely the NEWS must take a hand in this, and it will. It acknowledges at the outset that every body is wrong and every body is right in a measure.

The doctrine of *similia similibus curantur* carried out to its bitter end, with the *infinitesimal* attachment, ought to lead straight to a penitentiary or a feeble-minded institute; but it is a notorious fact that nobody carries it out to the bitter end. Every now and then some regular doctor discovers a mare's-nest in the fact that a homeopath is prescribing opium, quinine, mercury, or what not, and great is the howl thereat. The fact is, it is looked upon as a far worse thing for our cousin to stray into regular paths than to pursue his own damnable course. There is a gentle assumption on our part of all the intelligence and virtue, and we can conceive of no common ground on which the two parties may meet. It is foolish to deny that the homeopaths have intelligent men in their ranks, howbeit they must be scarce. One thing is certain, that men like Dr. Wyld do not flourish to any great extent in this country. It is not upon virtue or intelligence particularly that homeopathic ranks are to be arraigned; but it is plain to see that whatever their success may be in a pecuniary way, they have never been able, to any extent, to acquire social standing at all comparable with that of the regulars. Besides this there are a great many men practicing homeopathy who have failed in regular medicine. Taken all in all, the *personnel* of the concern is bad. Homeopathy, especially in the cities, has indeed a large following, and a



wealthy following, and it ranks as an intelligent following. The money is beyond criticism; but of the accompanying mind we can say that it is generally of that sort which is prone to "isms," which is radical in all things, and which would just as soon seize upon regular medicine if this were in the minority. And having said this much we hasten to disclaim that we have all the virtue. We declare that there may be men in our ranks who do not practice for the love of truth, men who in spite of an arduous pupillage of nine months may not know exactly what truth is, or care any thing particularly about it if they do know. We declare, too, that even with the best of us death mars our work at times. We long for more light, and don't like overmuch to see our material empire fade away. But we seem to get no further in the question.

Here is a plain statement of facts. Homeopathy in its theory is absurd. If practiced legitimately, in so far as it aims at positive results, it is a fraud; but in spite of these facts homeopathy has grown to such an extent before the people, who represent the territory of our supplies, that it is entitled to belligerent rights; in other words, we ought to listen to what its ambassadors have to say. We are not called on to make any advances, but we ought to give their men a chance to be heard should they really desire to speak. But we hardly think that anybody wants to speak, or that any thing will come out of the matter, in this country at least. The Dr. Wylds form too scarce an article among us. It is n't really a struggle for truth on this side of the water. That could be settled in a few minutes; it is only a race for practice, and homeopathy rather enjoys its minority position; it does not lie awake at night thinking how converts may be added to the ranks of its practitioners.

We wish something could be done. We have always thought that medicine did injustice to itself in tabooing to such an extent, not homeopaths, who richly deserve the snubbing they have received, but homeopathy. We have contented ourselves too much

with a contemplation of the general dogma and its absurdity, and have not looked sufficiently at details. There is no doubt that homeopathy has taught us useful lessons, chiefly in showing us the natural history of disease, and increasing our trust in the curative powers of nature. Nay, we would go still further than this, and say that there may be cases in which the truth of its maxim is possible. No one who prescribes with confidence half-drop doses of ipecac to restrain vomiting can doubt this. At any rate, catholic medicine ought not to despise the search of truth even among the humblest surroundings.

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WE have received the account of the appointment to the city hospital in Indianapolis, which we are asked to notice. We see nothing striking in the case; it is the same old interference of laymen with the affairs of the profession. It would be absurd to discuss the matter with them. These gentlemen want the homeopaths in the hospital because they are taxpayers. So are some of the faro-dealers of the Indiana capital, no doubt. The homeopaths claim a representation because they rank among their followers the intelligence, wealth, etc., of the city, and because they save quinine!! On this last head they have considerable advantage over their brethren in this city, who prescribe it with a refreshing looseness. But we have been over the ground already; our men can't meet them of course until they have abandoned their proscriptive position.

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THE notice which appeared in last week's issue concerning the Kentucky School of Medicine was intended for an earlier date. We are glad to say that assurances have been given that the managers of that school will put it in accord with the college committee.

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A MONUMENT to Liebig was unveiled at Darmstadt, his native town, May 12th.



## Original.

### A CASE OF PUERPERAL ECLAMPSIA.

BY E. E. MILAM, M. D.

[From a report read before the Henry County (Tennessee) Medical Society, July 2, 1877.]

During the last few years I have had several times to contend with that fearful enemy of lying-in women, puerperal eclampsia. An ordinary case of this disease is neither so infrequent nor of sufficient interest to the profession at large for a report of it to be published in a medical journal. The case I am about to describe, however, is somewhat different from any other one I have seen or seen an account of.

On June 27th of this year I was called to see Jereline G——, a colored woman, about twenty years of age. She was a very large and exceedingly well-developed woman, and in her first labor. On making a digital examination I found the os uteri but slightly dilated. She stated that she had been having weak pains at long intervals for about two hours. This was about seven o'clock P. M. I remained with her throughout the night; and, contrary to my expectations—based upon her stout, plethoric condition—the morning came without the labor having been finished. In fact, the os was still dilated only to about the size of a silver half-dollar, although the pains had been regular, though weak and at long intervals, for some fourteen hours. She suffered with a constant and severe pain in the lumbar region, and had not slept during the night.

I now ordered for her ten grains chloral hydrate, to be given every two or three hours, as occasion required. I gave her this medicine for the double purpose of procuring sleep, which she so much needed, and of hastening the dilatation of the os by its relaxing effect upon the uterus, as well as upon the system at large. I now left the patient, promising to return within two or three hours, but directing the husband to send for me if I should be needed before that time expired.

About nine o'clock the same morning I was sent for to come to the patient as quickly as possible, the messenger saying that she had a "spasm." I arrived at the bedside in a few moments, and found her just emerging from a convulsion. She was still semi-unconscious, and failed to recognize me when I entered the room; but, gradually recovering, she became entirely rational in the course of half an hour. In the meantime I had taken from her arm about twelve ounces of blood; and as her bowels had not moved since the labor began, had given her a full dose of epsom salts. The uterine contractions were still weak and irregular, and the mouth of the womb was dilated not more than two inches. I ordered the continuation of the chloral in the same doses as before, adding to each dose fifteen grains of the bromide of potash. The pains continued—without any improvement, however, in their character—till about twelve o'clock, when she was seized with another very severe convulsion.

Thinking now that the life of the patient was in danger, I sent a note requesting my friend Dr. J. C. Landis to meet me at the bedside for the purpose of assisting in whatever operative measure might be deemed necessary.

Dr. Landis, after examining the patient, was of the opinion that notwithstanding her dangerous condition an attempt at delivery with the forceps at this time was impracticable. He advised a continuance of the same treatment as she had been receiving, and thought it probable that this would prevent any other convulsions, and would soon bring about sufficient dilatation for the forceps to be used. As another means of hastening dilatation of the os, I now anointed the parts around it thoroughly with extract of belladonna.

She continued to make very slow progress, however, and about four o'clock had another convulsion severer than any she had yet had. I was determined to put an end to the labor at once, and with that object in view sent again for Dr. Landis. By the time he arrived



this convulsion had passed off; but she had another one directly afterward. We supposed that the child was already dead, but with the hope of stopping the convulsions, and thus saving the mother, proceeded at once to get her under the influence of chloroform and apply the forceps.

Notwithstanding she had been in labor twenty-four hours, the os was barely dilated sufficiently to make the use of the forceps feasible. With considerable difficulty, owing to its large size, she was delivered of a dead female child. The child had no doubt died during or soon after the first convulsion, as since that time no fetal movements had been felt in the uterus. After about three quarters of an hour the after-pains had been so slight that the placenta was still so firmly attached that considerable traction had to be used in order to remove it; which being done, we began to direct our attention to measures calculated to prevent a return of the convulsions. For this purpose I directed her to be kept constantly under the influence of chloral hydrate and bromide of potash.

She had no more convulsions; the lochial discharge went on well; she had no more fever than would be expected in an ordinary labor, and she is now convalescent.

A remarkable feature of the case I have reported is in the fact that there was such insufficient action of the uterus during the entire labor, although the woman is quite young, large, muscular, and was in splendid health. There was no œdema about the feet, ankles, or arms; and the nitric-acid test applied *after* the delivery failed to show that there was albumen in the urine. The convulsions, I think, were caused by reflex irritation of the nervous centers from the inefficient and long-continued action of the uterus.

PARIS, TENN.

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JAMES PORTER, the "Kentucky giant," was seven feet eight inches in height. When seventeen years of age he was of such puny build that his parents feared that "poor Jimmy" would never be a man.

## Correspondence.

### SALTS OF PERUVIAN BARK.—"THE MORRISON BILL."

One of the most delightful and useful of all the departments of medical science is "Pharmacology and its relations to Therapeutics." Without a knowledge of this the most perfect power of diagnosis is comparatively unavailing. It is quite as important to know how to accomplish a certain result as to know what the result should be.

In reference to one class of our "Pharmacology and its relations to Therapeutics," Prof. Elisha Bartlett, one of the most illustrious men that ever adorned the profession of medicine, thus speaks of cinchona and its preparations: "There is no substitute for these. They are universally relied upon for this purpose. In all countries, and at all periods, since the discovery of the properties of this incomparable and invaluable substance, amidst all the conflicting dogmas of different medical doctrines, Peruvian bark has never failed to sustain its reputation, and to answer the expectations that have rested upon it. Amidst the manifold uncertainties of medical science, and the perpetual contingencies of medical art; amidst the disheartening scientific infidelity which has lately been taking possession of the medical mind, shaking to its deep foundations the firm old faith in the potency of drugs, and threatening to overturn and demolish it altogether, it is gratifying and consolatory to feel and to know that here at least we stand upon solid ground, that here we may hold, and that there is at least one great and important therapeutical relationship definitely and positively ascertained and established, defying alike the open assaults of quackery from without, and the treacherous machinations of indolent scepticism from within."

The pure salts of Peruvian bark are entirely worthy of the eloquent tribute thus uttered by Professor Bartlett. When ground Peruvian bark was used as medicine the taste



was so atrocious, and the useless mass of woody fibre was so great that few patients were able to take the medicine. Sydenham, in a part of his career, fought violently against it, and Charles the Second had to issue an order to the president of the College of Surgeons and Physicians, prohibiting him from interfering with Talbott, who had discovered a mode of administering the remedy pleasantly. Talbott was so successful that the King of France requested him to visit Paris, and cure the Dauphin of an intractable form of intermittent fever. Talbott was so fortunate that the king ennobled him, and he made an immense fortune. Talbott's descendants are yet among the peers of France.

In 1821 Pelletier and Caventou succeeded for the first time in making a pure salt, called the sulphate of quinine. While Pelletier lived the medical world was very secure in trusting to this salt, but after his death the security was gone. I speak from very positive experience when I say that there is not a European pharmacist, except Howard, to whose preparations of these salts I could conscientiously trust a patient. Oh, NEWS, what do you mean when you say: "We pay tribute enough to Pennsylvania for our iron; for heaven's sake let us have our bark free of duty." Do we pay a duty on bark? The "Morrison bill," zealously and uselessly advocated in the Kentucky State Medical Society, has nothing to do with "bark." It proposes the discontinuance of the "tariff on quinine," and does not propose to do any thing with the "bark." And did you know, oh NEWS, "that while the state society was thus striking at a great and beneficent American industry, Powers & Weightman were selling quinine for less than the selling price in London and Paris? From the days of Pelletier down to the present time Paris has ruled the market in quinine, and she went above the price asked by Powers & Weightman. What marvelous blessings would be seen even if the State Medical Society could triumphantly carry the "Morrison bill?" If you know, you have the advantage of me.

And oh, NEWS, may I be permitted to utter a truth, engraved on my memory by many experiences: If I had to pay Powers & Weightman five dollars for an ounce of their salts of Peruvian bark, and I could get the French for one dollar an ounce, I should pay Powers & Weightman the five dollars, and feel that I was acting justly by my patients in doing so. I do not know Powers & Weightman; I never received a favor of any kind from them, nor do I ever expect to do so. I speak of their preparations of the salts of Peruvian bark because I speak the truth. In no single instance, in an experience of many years, and a large amount of it, have I ever failed in breaking up intermittent and remittent fevers promptly with Powers & Weightman's salts of Peruvian bark. In no single instance have I done any thing of the kind with the French or German articles within the past twenty years.

But again, oh friendly NEWS, the conservative qualities of the state society were appealed to because of "Mr. Morrison's bill" on quinine. Now, consider, my friends, that when quinine flew up in the European and American markets, and, as I have said to you, it flew higher in Europe than it did in America, there are some other facts that should be remembered. There are salts of Peruvian bark which, in my judgment, are fully equal to quinine, that did not go up with quinine. The sulphate of cinchonidia, made by Powers & Weightman, is less than one third the price of quinine, and in an ample experience I have found it fully equal to the quinine in all respects. Why did not the state society commend that salt?

Rest assured, oh NEWS, that in striking at the American manufacture of quinine, and in attempting to bolster up the European manufacturers, wrong is done in many ways. Let us not saw the air with our hands, but feel sure of our pharmacology first of all. But I have made this long enough for the present occasion. I have some other facts to bring before you. But bear with me when I say, that but for the colossal estab-



lishment of Powers & Weightman, the sulphate of quinine would have gone up to ten dollars an ounce. Their conservative power was far beyond the "Morrison bill."

T. S. BELL.

## Formulary.

### COUGH MIXTURE IN PHTHISIS.

℞ Mist. amygdal dulc..... ʒ iij;  
Fl. ext. glycerh..... ʒ viij;  
Mucil. acaciæ..... ʒ viij;  
Potassi cyanidi..... gr. ij;  
Acidi citrici..... ʒ j;  
Morphiæ acet..... gr. iij;  
Spts. nitrosi ether..... ʒ vij;  
Syr. sanguin Cand..... ʒ iij;  
Ext. prunus virg., g. s. ad... ʒ viij. M.

Sig. Dessertspoonful every three or four hours.

I find this generally moderates the cough, exerts a very beneficial influence on the bronchial mucous membrane, and improves rather than deteriorates the digestive function.

In more advanced cases I often give the following mixture. It is both tonic and pectoral, and furnishes an excellent mode of giving quinia, as its taste is almost entirely concealed:

℞ Mist. glycerh. comp..... ʒ iv;  
Fl. ext. prunus..... ʒ ij;  
Acidi hydrocyanici..... ʒ ss;  
Quiniæ puræ..... ʒ ss;  
Morphiæ sulph..... grs. iij;  
Syr. picis comp., g. s. ad.... ʒ viij. M.

Sig. Dessertspoonful every four hours. To this I often add either the chloride or the phosphate of ammonium.

The following combination of Prof. DaCosta forms a fine combination:

℞ Morphiæ acet..... gr. ij;  
Potassi cyanidi..... gr. j;  
Acidi acetici dil..... ʒ j;  
Ext. prunus virg..... ʒ ij;  
Mucil. acaciæ..... ʒ ij. M.

Sig. Teaspoonful thrice daily.

A combination of this kind, however, is more especially adapted to non-inflammatory coughs with free but yet not abundant expectoration. I, however, prefer the following one of my own:

℞ Syr. picis comp..... ʒ ij;  
Potassi cyanidi..... gr. iij;  
Morphiæ acet..... gr. ij;  
Fl. ext. hyosciami..... ʒ j;  
Vini ipecac..... ʒ j;  
Syr. tulut..... ʒ iv;  
Ol. sassafras..... gtt. x. M.

Ft. Sig. Teaspoonful four or five times a day.

When the cough is convulsive, with stridor and wheezing breathing, we find our best therapeutics in belladonna, stramonium, cannabis indica, and the bromides. The following, a favorite of Dr. Williams, of the Brompton Hospital, often acts well:

℞ Ammonii bromidi..... } āā ʒ jss;  
Chloral hydrat..... }  
Syr. papav..... ʒ ss;  
Aquæ menth. pip., q. s., ad... ʒ vi. M.

Take an ounce every two or three hours.

—Dr. Polk, in *Ohio Medical Journal*.

## Miscellany.

THE HOMEOPATHIC HERESY.—The following correspondence between Dr. Richardson and Dr. Wyld, which appeared in the *London Lancet*, has given rise to much comment. We print it in full. Dr. Richardson says:

"In the course of the past twenty-seven years I have sat down more times than I can remember to write some paper—leader, review, or essay—for the *Lancet*. I have always felt a pleasure in these tasks, but never a sincerer pleasure than I experience at this moment in writing the present communication, and in sending with it the letter to which, and to the objects of which, I would specially ask the attention of the profession. The author of the letter is Dr. Wyld, the vice-president of the society known as the British Homeopathic Society. I have known Dr. Wyld, personally and by repute, since I have been in London; and although differences of view on matters of medical science and art have separated us from all professional intercourse, I have always considered him a gentleman of extended knowledge, good taste, and truthful nature.

"The origin of this letter was in the following manner: "On the 11th of the present month Dr. Wyld called upon me to express a wish that some steps might be devised to make up the breach that has so long existed between the members of his school of physic and the main body of the professors of medicine. I told him I had once before been honored by a similar confidence, but feared that the division of opinion and practice was too wide and deep to allow of success to any such important effort as he suggested. I explained that we, who form the main body of physic, were not likely to change our views in the slightest degree; and that I supposed there was among professed homeopaths no such modification of view in respect to homeopathy, and the rigid doctrine conveyed by the term, as would lead to a healing action on their part. I also expressed that on the subject of infinitesimal doses and



globules, the difficulties of union between us seemed to be still insurmountable.

"In reply, Dr. Wyld explained his views with the most perfect candor, and with so much difference of expression from what I expected, that I asked him to be good enough to commit his views to writing. This request he has been so kind as to carry out in the letter already referred to, and which is herewith, with his permission, subjoined:

"GREAT CUMBERLAND PLACE, May 25, 1877.

"*Dear Sir:* With reference to the conversation I recently had with you concerning the advantages which might result if it were possible to abolish all sectarianism and its accompanying heart-burnings from the profession, I now, at your request, submit my views in writing, feeling convinced that you will, in a friendly spirit, give the subject your serious consideration.

"In the first place I must state that Hahnemann, in 1806, published in the pages of Hufeland's Journal his essay entitled 'The Medicine of Experience.' In this essay no mention was made of homeopathy, and the doses he recommended were tangible, not infinitesimal. The violent opposition this essay met with from the profession induced Hufeland to decline further communications in his journal from Hahnemann; and the effect of this treatment was to drive Hahnemann deeper and deeper into his peculiar views, until at last in his old age he often expressed extreme and intolerant opinions regarding the profession generally, but especially in relation to the question of the dose. Unfortunately many of the converts to the new system imitated the master more in his intolerance than in his genius, and this naturally led to those reprisals on the part of orthodox medicine which in this country culminated in 1851, when the British Medical Association met at Brighton and passed a resolution that 'it was derogatory to its members to hold any intercourse with homeopaths.' From that day we have been ostracised by the profession, and branded as aliens to whom no professional countenance could be shown.

"Since 1851, however, great changes have occurred in this country on both sides of the medical question. Many men have risen in the ranks of medicine who have renounced all the heroics of the past in the treatment of acute disease; while the so-called homeopaths have on their side almost entirely abandoned the use of globules, and have substituted doses in a tangible form; their rule for the dose being, in effect, to give a dose sufficiently large to effect its purpose, but not so large as to discomfort or weaken the patient. Further, we find that whereas the early homeopaths denounced all auxiliaries in the treatment of disease, it is now the practice to make frequent use of all remedies of a simple kind, such as

occasional aperients, anodynes, opiates, anæsthetics, tonics, galvanism, hydropathy, Turkish baths, and mineral waters. In short, we define our practice as rational medicine, including the operation of the law of contraries, but *plus* the application of the law of similars.

"Beyond all question, the abandonment of heroics on one side and the adoption of tangible remedies on the other side has, to common observation, brought the two schools into a close juxtaposition; and the question, therefore, presents itself, Can that ostracism, which might by some be considered justifiable in 1851, hold good with any justice under the altered circumstances which now exist?

"To this question you may reply, 'We do not ostracise you because you prescribe medicines according to a specific rule, nor because you prescribe them in an unusual form; but we deny you professional intercourse because you proclaim yourselves sectarians, and by means of books, journals, societies, and hospitals advertise yourselves homeopaths.' To this we answer, that we do not desire so to publish ourselves; we do not write homeopaths on our door-plates; many of our best books eliminate the name homeopathy from the title-page; and, as a recent example, a large number of our body have objected, in a memorial, to the title Homeopathic School.

"We say, admit us on equal terms to your medical societies and to the pages of your journals, and all sectarianism will begin from that day to decline; and this I believe will ultimately lead to the abandonment of all sectarian societies, journals, and hospitals. In a word, we demand the same liberty of opinion in medicine as in religion or politics, and an amalgamation with the great body of the profession on equal terms. If this were granted, we can see solid advantages to the profession on all sides, an increase in the amenities and dignity of the medical life, and a higher professional status for all in the estimation of the public.

"To recapitulate: We admit, first, that the views expressed by Hahnemann are often extravagant and incorrect; secondly, that Hippocrates was right when he said 'some diseases are best treated by similars and some by contraries,' and therefore it is unwise and incorrect to assume the title homeopathist; thirdly, that although many believe that the action of the infinitesimal in nature can be demonstrated, its use in medicine is practically, by a large number in this country, all but abandoned.

"On these grounds, and maintaining that we are legally qualified medical men and gentlemen, we claim the right of admission to your medical societies, and to professional intercourse with the entire medical body. In conclusion, I must beg to remark that, although this letter must be regarded as non-



official, the sentiments it expresses are, I believe, held by a large number of our body.

“Believe me, yours sincerely,

“GEORGE WYLD, M. D.”

“To my mind this very important letter does indeed offer a means for bringing about a reconciliation which, presumably, few of us who have reached the middle period of medical life ever expected to see in our time.

“When from the ranks of those with whom we have been so long, and, as I still believe, righteously, at variance, an acknowledged and respected leader steps boldly forward and tells us that he accepts what the Father of Medicine taught, the law and practice of treatment by contraries as well as by similars; that he practices by no special dogma, but by all rational methods; that he admits the use in practice of aperients, opiates, anæsthetics, and the other instruments of cure in daily use by ourselves; that he acknowledges the progressive work of medicine as a whole, and makes that acknowledgment under a keen sense of the advantages which must ensue from the removal of the long-standing schism in the medical fraternity; the act, as it seems to me, is so manly and so peace-bearing that it demands at least a truce for honest and hearty consideration.

“The additional fact stated, to us at least, for the first time, that many of the leading men of the so-called homeopathic school are anxious to give up, as a misleading title, the very term which has individualized them in the public eye, and to practice in a manner conformable with the wants and wishes of all rational practitioners of the healing art, is itself sufficient to demand from us a candid and just appreciation.

“My task is now done. I present it under a sense which I hope always animates me; that, come of it what may, its presentation is a duty. No one has waged war against homeopathy as a distinct practice more keenly or persistently or openly than I; no one has been more specially picked out for criticism by the homeopathic publicists than I. So much the more is it my duty respectfully to ask the brethren with whom it is my honored privilege to live and labor to accept this intended message of peace and goodwill in the spirit in which it is written and offered.”

**DIALYSED IRON.**—One of the latest pharmaceutical novelties is the preparation bearing the above name. It was considered for a long time that he who added another ferric compound to the already overburdened list in the pharmacopœia was far from being a benefactor; but dialysed iron will win welcome for itself and thanks for its in-

vention. Dialysed iron is a pure peroxide of iron in a liquid state. It has none of the styptic taste common to ferruginous preparations. It is neutral in its reaction, easily absorbed, and is unirritating. It does not blacken the teeth. “It produces neither heartburn, diarrhea, constipation, eructations, nor any gastric disturbance,” is the testimony of Becquerel. And to all these good qualities it is an antidote for arsenic quite as efficient as the hydrated sesquioxide, and has the great advantage of being always ready for use. The process of dialysis is thus described in the circular of the Messrs. John Wyeth & Bro., of Philadelphia, who are engaged largely in the manufacture of dialysed iron:

“The process of dialysis consists in placing the substance in a dialyser formed of a diaphragm of parchment or membrane, the other side of which is in contact with distilled water. At the end of a certain time the *colloids* remain in the dialyser, while the *crystalloids* have by endosmosis or diffusion passed the diaphragm and become dissolved in the distilled water.

“In the preparation of dialysed iron we avail ourselves of two known principles. The first is connected with the remarkable property possessed by the chlorides in general of combining with the oxides to form oxychlorides, which are usually soluble, and in which the proportion of oxide is very large. As regards iron particularly, one equivalent of its perchloride may under suitable conditions combine with thirty or more of the oxide, giving a soluble oxychloride, the formula of which would be  $\text{Fe}_2 \text{Cl}_6 \cdot 30 \text{Fe}_2 \text{O}_3$ . To get rid of the hydrochloric acid, and obviate the usual inconveniences of ferruginous preparations, we take advantage of the second principle, that of the unequal diffusibility of hydrochloric acid and peroxide of iron, the latter belonging to the class of colloid bodies; and by means of the dialyser we completely separate this hydrochloric acid, so that as a final result we have the thirty equivalents of soluble peroxide of iron contained in a very small volume of water.”

Concerning the therapeutic qualities of dialysed iron, the following testimony from S. Weir Mitchell, extracted from an account of his clinic in the Philadelphia Medical and Surgical Reporter of July 7, is of particular value. His patient was one suffering from nervous exhaustion. He said:



"As to drugs, I shall give him only iron, and not the subcarbonate of the U. S. Pharmacopœia which we usually employ, but the dialysed iron, a neutral solution of the peroxide, with which I have been experimenting largely of late. It is commonly given in doses of thirty or forty drops a day, which would be a small dose, as the solution contains twenty-four grains to the ounce. I use it, however, as I use most iron preparations, in far larger doses, and have given it freely by the drachm or the half ounce without its causing annoyance. The preparation is certainly tolerated well by some people who do not bear other forms of iron; and as it does not blacken the teeth or in any way affect the bowels, I have been altogether pleased with it. Its freedom from unpleasant taste is also no mean advantage. The foreign forms of dialysed iron are sometimes objectionable, both on account of their price, their taste, and the uncertainty of their quality. These objections do not apply to the admirable specimens of the drug as it is now made, upon a large scale, by John Wyeth & Brother, of this city."

BOYLSTON MEDICAL PRIZE QUESTIONS.—The Boylston Medical Committee, appointed by the president and fellows of Harvard University, consists of the following physicians: J. B. S. Jackson, M.D.; D. H. Storer, M.D.; Morrill Wyman, M.D.; Henry J. Bigelow, M.D.; Richard M. Hodges, M.D.; Calvin Ellis, M.D.; Samuel Cabot, M.D.

At the annual meeting, held June 4, 1877, it was voted that no dissertation worthy of a prize had been offered on either of the subjects proposed for 1877.

The following are the questions proposed for 1878:

1. Antiseptic Treatment. What are its essential details. How are they best carried out in practical form?

2. Diphtheria. Its causes, diagnosis, and treatment.

The author of a dissertation considered worthy of a prize on either of the subjects proposed for 1878 will be entitled to a premium of seventy-five dollars. Dissertations on the above subjects must be transmitted, post-paid, to J. B. S. Jackson, M.D., Boston, on or before the first Wednesday in April, 1878.

The following are the questions proposed for 1879:

1. The relation of animal contact to the disease known as Hydrophobia.

2. Evidence showing that so-called "filth diseases" are not dependent upon "filth."

The author of a dissertation considered worthy of a prize on either of the subjects proposed for 1879 will be entitled to a premium of two hundred dollars. Dissertations on these subjects must be transmitted as above on or before the first Wednesday in April, 1879. Each dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence to be written on the dissertation to which the package is attached. The writer of each dissertation is expected to transmit his communication to the president of the committee, J. B. S. Jackson, M.D., in a distinct and plain handwriting, and with the pages bound in book form, within the time specified. Any clew by which the authorship of a dissertation is made known to the committee will debar such dissertation from competition. Preference will be given to dissertations which exhibit original work. All unsuccessful dissertations are deposited with the secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826 the secretary was directed to publish annually the following votes:

1. That the board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2. That in case of publication of a successful dissertation the author be considered as bound to print the above vote in connection therewith.

RICHARD M. HODGES, M. D., *Sec'y*,  
Boston, Mass.

HYGIENE OF THE EYES.—A series of questions touching the care of the eyes were recently submitted to Dr. E. G. Loring, jr.,



by the Medico-Legal Society of New York. Dr. Loring replied in a paper which has since been published in the Medical Record. To the first question, namely, whether bad air has any direct effect on the sight? the author replies that vitiated air has a specially irritating influence on the mucous membrane of the eye; and that bad air, as a primal cause, may set in train morbid processes which not only will affect the working capacity and integrity of the organ, but may even lead to its total destruction. The second question was, whether size and quality of type may cause disease of the eye? According to Dr. Loring, the smallest print which a normal eye can readily recognize at a distance of one foot is about the one fiftieth of an inch, and at eighteen inches' distance about the one thirty-second of an inch. The normal eye should never be subjected for any length of time to a type smaller than twice this size, or the one sixteenth of an inch, and it would be better, after middle life, to employ a type even a little larger than this; but the employment of spectacles removes in a great degree the necessity of a larger type with advancing years. The finer the type, the closer the book has to be held to the eye, and the greater the demand on the focalizing power and the muscles that bring both eyes to bear at once upon the point. On the other hand, too coarse type is wearisome to the eye, requiring more exertion of the muscles that govern the movements of the eye. The distance between the lines should be about one eighth of an inch; nearer than this is apt to be confusing, farther apart is also confusing. Heavy-faced type is preferable to light-faced. An almost imperceptible yellow tint in the paper, "natural tint," is very desirable; pure white paper, especially if it has a metallic lustre with bluish tinge, should not be employed. The paper should be thick enough not to be transparent, should have a close, fine texture, and be free from sponginess. To the third question, whether too long and constrained attention to one object, without rest or variety, will cause eye-dis-

ease? Dr. Loring replies affirmatively, and assigns the physiological reasons. Finally, he was asked whether the angle at which light strikes the eye is important? He replies that the light should not come directly in front; neither should it come from directly behind. It should not come from the right side, because, in writing, the shadow of the hand falls across the page; and a moving shadow over a lighted surface not only reduces the quantity of light and leads to a stooping position, but it is also more annoying to the eye than a uniform reduction in the illumination of even a greater degree. The best direction for the light to come is from the left-hand side, and from rather above than below the level of the hand.—*Popular Science Monthly*.

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THE American Association for the Advancement of Science is to be held in Nashville, from August 29th to September 5th. The circular states:

"While organized mainly for the promotion of pure science, it seeks the co-operation of any friend of science, and invites to associate membership all who are interested in the application of scientific principles to the development of our vast industrial resources.

"This meeting is of special interest to the educators and public-spirited citizens of the South, and it is hoped that all practical men who appreciate the value of our agricultural, manufacturing, and mining industries will unite in making it a grand success."

Reduced fare on all the lines of travel leading to Nashville has been obtained. The citizens of Nashville will entertain all members of the Association to whom such hospitality will be acceptable. James D. Porter is chairman and J. Berrier Lindsley is local secretary.

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IN the Sixth Congress of German Surgeons, which met in Berlin April 4th, the president, von Langenbeck, was re-elected president of the society; and, to prevent losing him the next meeting, he was elected president for life.—*Berlin. Klinisch. Wochenschrift, May 28th, June 4th.*



**ELIXIR OF LICORICE.**—There are few pharmaceutical preparations among the many which have been brought forward of late that are more useful than the elixir of licorice. It stands at the very head of correctives. It not only makes quinine palatable (the crucial test) to the most rebellious palate, but almost pleasant. It may be prescribed with nauseous medicines generally, with the effect of lessening their disagreeable taste. The Messrs. Arthur Peter & Co., of this city, introduced this preparation a year or so ago in this section, and their article has always commended itself for its superior excellence.

ACCORDING to the latest statistics of the respective universities, the number of medical students at each, winter semester 1876-77, were: at Vienna, 755; Wuerzburg, 547; Leipzig, 451; Munich, 440; Dorpat, 377; Prague, 355; Berlin, 281; Greifswald, 222; Strasburg, 201; Zuerich, 196; Graz, 185; Breslau, 177; Erlangen, 162; Tuebingen, 157; Bern, 149; Freiburg, 128; Koenigsberg in Pr., 127; Goettingen, 122; Bonn, 118; Halle, 114; Marburg, 104; Heidelberg, 85; Giessen, 84; Tena, 71; Kiel, 70; Basel, 70; Rostock, 34.—*Berliner Klinische Wochenschrift*, May 21st.

FROM Waco (Texas) Examiner: "Died, at the residence of Major W. W. Downs, on Third Street, Monday, August 7th, at 10:30 o'clock P. M., Captain D. J. Downs, of voluntary abstinence from strong drink."

DR. RICHARD J. DUNGLISON, of Philadelphia, is the newly-elected treasurer of the American Medical Association.

## Selections.

**Hygiene of the Feet.**—Thomas F. Rumbold, M. D., of St. Louis, Mo., contributes the following to the Virginia Medical Monthly:

"Cold feet predispose to colds in the head, throat, and ears. It is almost useless to treat a patient for

a catarrhal condition of these organs if the feet are not kept warm. No external influence so certainly causes a congestion of the mucous membranes of the respiratory organs as cold and wet feet.

"It is frequently the case that wearing woolen stockings will cause the feet to perspire; they are then liable to become cold. Should this be the case, a thin pair of cotton stockings should be worn under the woolen stockings. It will be well for those patients who have cold feet, whether damp or not, to wear their stockings in this way; that is, to draw on a pair of woolen stockings over a pair of cotton stockings. Neither of the pairs need be very thick.

"A good remedy for cold and damp feet is to bathe them at bed-time. For many years I have advised my patients, when taking this bath, that they should after undressing wrap a blanket around the body from head to foot, the room being warm; then sit on the side of the bed and immerse the feet in a sufficient quantity of water, heated to blood-heat, to cover the ankles, having the blanket at the same time wrapped around the limbs and foot-bath tub.

"The position upon the side of the bed has two advantages: the patient, in being near the bed, will be able to get under the bed-clothes without the loss of the warmed air inclosed around his limbs and body by the blanket; again, in this position, the body will be more erect than it would be if the person were sitting upon a chair; consequently more of the limbs will receive the warmed and moist air from the bath-tub—two adjuncts necessary to a successful foot-bathing.

"After the feet have been in the warm water about three minutes they should be raised out of the tub, and one pint of 'boiling-hot' water poured into the bath. The feet should then be immersed again about three minutes longer; at the end of which time a second pint of hot water should in the same manner be added to the bath; and, with the same interval, a third, fourth, or more pints should be added, till the water in the bath-tub is as warm as the patient can bear it. After the feet have been in the water in all about fifteen minutes, they should be dried by being well rubbed with a coarse towel, and then an inunction should be applied with considerable friction. Lastly, they should be covered with a pair of cotton stockings, well warmed. The drying and anointing should be done while the feet are held over the bath-tub and inclosed in the blanket. The patient should get into bed completely enveloped in the blanket. For many years I have used an anointment for the feet with and without bathing; it assists in preventing them from sweating and from being cold. During the last two years I have employed 'vaseline' as an inunction. It is far superior to any of the oils or cerates in common use.

"By the time the feet are bathed in this way the



body will be in a gentle perspiration; this should be allowed to dry gradually, after which the blanket may be removed.

"If there is fetor from the feet, salicylic acid and bromide of potassium (ãã grs. v ad. ℥ j of 'vaseline') will in a few bathings and anointings correct this condition. Plunging the warm feet in cool water immediately on getting out of bed in the morning has frequently a good effect.

"A large majority of females fasten up their stockings by elastic garters. Girding the limbs in this way is very liable to induce cold feet on account of impeded circulation; the veins being so much compressed by the garter that the blood can not leave the limbs so readily as it should do, while the heat forces the blood to them through the arteries, whose walls are firm enough to resist the pressure of the garters. Almost every patient will claim that her garters are not tight; yet most of them will acknowledge that when the elastics are removed at night, the creases under their knees, caused by the constriction of the garter, are deep enough to bury half of the thickness of the finger. In order to maintain the hose in their place without the aid of garters of any kind, they should be pulled on over the stocking-knit drawers and fastened with tapes. Four of these tapes, about six inches long, should be sewed on the drawers at about the middle of each thigh, one on the outer side and one on the inner side; also four tapes of the same length should be sewed, one on the outer and one on the inner side of the top of each stocking. The tying of the four pairs of tapes secures the hose in their place, and, as they are long enough to come above the knees, more of the limbs are then covered than when they are held up by the strangulating elastic or non-elastic garters.

"Boots that are thin or tight, and shoes that are low in the ankles should be avoided in cold or damp weather. Heavy, loose-fitting boots, with double uppers and soles, the latter made wide, are the proper coverings for the feet in cold or damp weather. India-rubber overshoes should be worn in wet or damp weather only, and they should be removed from the feet as soon as the wearer enters the house. Slippers should not be worn by either sex during cold or even cool weather. One of the ways in which a cold is *mysteriously* (?) contracted is to exchange a pair of warm boots for a pair of low slippers. Those who do this had forgotten that their feet and ankles had been protected all day, and that they have not only uncovered them, but placed them in the coldest stratum of air in the room. If they had taken the precaution to draw on over the stockings which they usually wear a pair of heavy woolen socks, the chances for taking cold from wearing the slippers would have been greatly decreased."

#### The Surgical Treatment of Empyema. —

There are few cases which cause more anxiety to physicians than patients suffering from empyema, and we fear that uncertainty as to the best mode of treatment considerably aggravates this anxiety. Time is often wasted while half measures are being tried and found to fail; and sometimes it is only as a *dernier ressort*, when the patient's strength is exhausted and the case is desperate, that the true curative treatment is adopted. When the existence of pus within the pleural cavity has been established there can be no doubt of the necessity for its evacuation. The question remains, how can this best be accomplished? Aspiration is the easiest method, and in children is frequently very successful; for any pus that remains after the operation is not unfrequently absorbed, and masses of lymph become organized. But in adults we do not meet with these favorable results; the hopes excited by the immediate relief following the aspiration are only too commonly dissipated by the evident signs of resecretion of pus. The fact is that the aspirator never completely empties a chest, and the fluid left behind is neither absorbed nor organized, but causes further suppuration. The other plan of making a free opening into the chest low down completely evacuates the pus, and allows of the gradual obliteration of the pleural cavity by the expanding lung, collapsing walls, and displacement of adjacent viscera; and it offers the only chance of cure in the great majority of cases of empyema in the adult. But there is a dread of this operation in the minds of many, owing to the evil results not unfrequently attending it: prolonged suppuration, destroying life by hectic, albuminoid disease, or acute tuberculosis: or decomposition of pus, with consequent blood-poisoning. Here it is that we think the antiseptic treatment can be employed with the happiest results; for it has been in cases of large abscesses that its most decided triumphs have been won. Where only pure non-irritating air is admitted to the pleural cavity the suppuration at once or soon ceases, and the patient escapes the danger of blood-poisoning. A drainage-tube should be employed, and care should be taken that it be passed just into the pleura; but it is unnecessary that any of the tube should be free in the cavity. Several cases are on record where these tubes have slipped into the pleura, and have given rise to trouble in extraction. This accident can be quite prevented by adopting the simple expedient of transfixing the outer end of the tube with a harelip pin, which crosses the wound and effectually prevents the tube passing in; and if the ends of the pin be secured to the chest by strapping, it equally prevents the tube being forced out of the opening. The tube should not be withdrawn until all secretion from the pleura has ceased.—*Lancet*.



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The Lectures in this Institution will commence on the first Monday in October, 1877, and terminate about the first of March, 1878.

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THE THIRTY-FIRST ANNUAL SESSION of Starling Medical College will begin Thursday, October 4, 1877, and continue until March 1, 1878. The Preliminary Course will begin September 4th and continue four weeks. The College Building is not surpassed in beauty and convenience, and is well furnished with the requisites for thorough instruction, including Laboratory, Anatomical Room, Museum, Library, Reading Room, Microscopy, Instruments, Charts, etc. Saint Francis Hospital of Starling Medical College, under the same roof, is connected with the lecture rooms and amphitheater, and furnishes abundant material for clinical instruction. Three Clinics will be given weekly during the term, including the Preliminary Course. Anatomical material abundant. FEES.—Matriculation, \$5.00; General Ticket, \$40.00; Demonstrator's Ticket, \$5.00; Graduation Fee, \$25.00.

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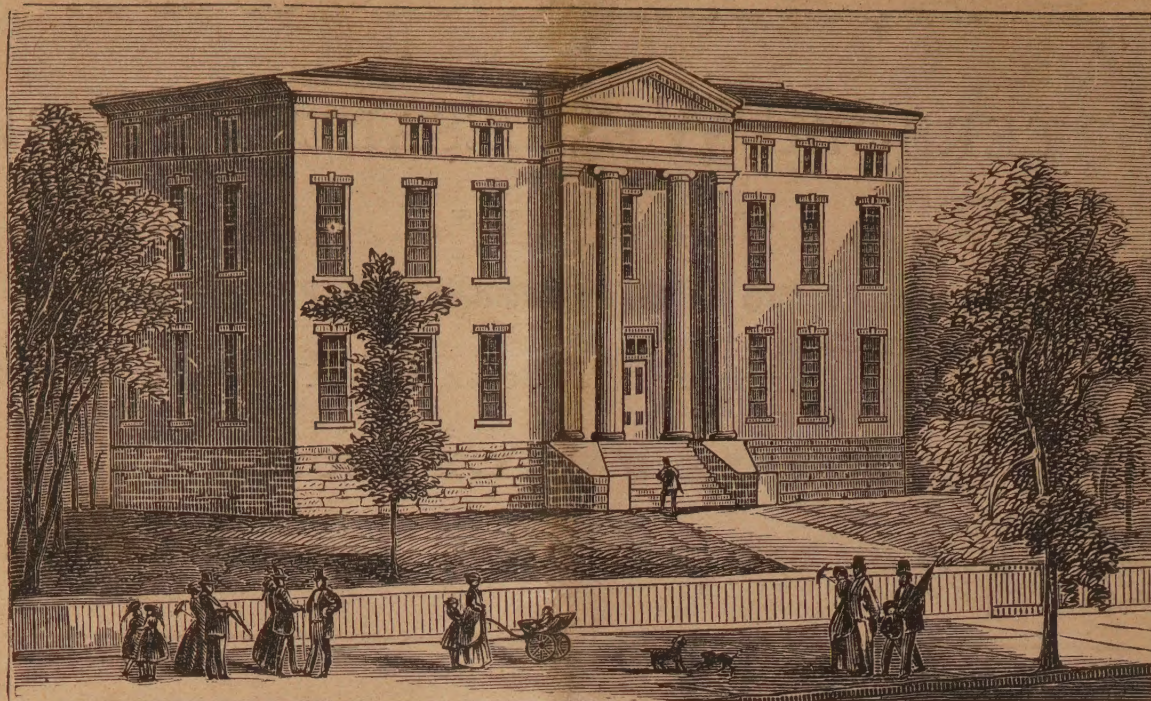
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The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of the Faculty.

For the Annual Circular, containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty,  
Corner Fifth and Walnut Streets.

## SPRING AND SUMMER SESSION OF 1877.

The Spring and Summer Session of 1877 in the Medical Department of the University of Louisville will commence on March 6th and continue till July 1st. The following Courses will be given by the *REGULAR FACULTY*, assisted by Drs. W. O. ROBERTS, H. A. COTTELL, WM. C. CHEATHAM, W. B. DOHERTY, W. H. LONG, R. B. GILBERT, and C. J. RADEMAKER.

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Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be *CLINICAL INSTRUCTION* and *RECITATIONS* from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

**The Fee for the Full Course is \$25.00**, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session. For further information address

W. O. ROBERTS, M. D., Dean of University Summer School,  
263 West Walnut Street, LOUISVILLE.